## ATTACHMENT 12 CONTRACTOR and RESELLER INFORMATION

(for ordering and contract administration purposes)

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CONTRACTOR/COMPANY INFORMATION		
Company Name:	Blockhouse Company Inc.	
Address (from first page of bid):	3285 Farmtrail Road York PA 17406	
Company Website:	www.blockhouse.com	
Federal ID #:	23-2105251	
NYS Vendor ID #:	1000008906	
Contract Administrator Name:	Jason Woolley	
Title:	Controller	
Email:	jwoolley@blockhouse.com	
Phone:	717-764-5555	
Toll Free Phone:	800-346-1126	

SALES/BILLING (if different from above)	
Contact Name:	Sunny Medatia
Title:	Account Executive
Address:	3285 Farmtrail Road York PA 17406
Email:	smedatia@blockhouse.com
Phone:	717-764-5555
Toll Free Phone:	800-346-1126

EMERGENCIES	
Contact Name:	Stephen Perko Jr.
Title:	Owner/President
Address:	3285 Farmtrail Road York PA 17406
Email:	sperkojr@blockhouse.com
Phone:	717-764-5555
Cell Phone:	

Blockhouse has no Resellers
☐ NYS Certified Women Owned ☐ NYS Certified Minority
Owned □ SDVOB
□NYS Small Business Enterprise (self-identified)
☐ Take orders ☐ Ship Direct ☐ Receive Payment *

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

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RESELLER INFORMATION	
Company Name:	
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
Email:	
Hours of Availability:	
Phone:	
MWBE and/or SDVOB Certification:	☐ NYS Certified Women Owned ☐ NYS Certified Minority
With DE and of SD vod Certification.	Owned SDVOB
SBE:	□NYS Small Business Enterprise (self-identified)
~	
Reseller is Authorized to: (check all that apply)	□Take orders □Ship Direct □ Receive Payment *
Restrictions Applicable to this Reseller (if any):	
RESELLER INFORMATION	
Company Name:	
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
Email:	
Hours of Availability:	
Phone:	
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SBE:	□NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	☐ Take orders ☐ Ship Direct ☐ Receive Payment *
Restrictions Applicable to this Reseller (if any):	· ·
***	
RESELLER INFORMATION	
Company Name:	
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
Email:	
Hours of Availability:	
Phone:	
MWBE and/or SDVOB Certification:	□ NYS Certified Women Owned □ NYS Certified Minority
and a	Owned   SDVOB
SBE:	□NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	□Take orders □Ship Direct □ Receive Payment *
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